

## Division of State Parks, Department of Land and Natural Resources Vessel Special Use Permit - Non-Commercial Kealakekua Bay State Historical Park (KBSHP)

| Permit Number                   |  |               |      |  |  |  |  |  |
|---------------------------------|--|---------------|------|--|--|--|--|--|
| (to be filled out by DSP staff) |  |               |      |  |  |  |  |  |
|                                 |  |               |      |  |  |  |  |  |
| KBSHP-                          |  |               |      |  |  |  |  |  |
|                                 |  |               |      |  |  |  |  |  |
| EXPIRATION:                     |  | June 30, 2018 |      |  |  |  |  |  |
| e / f / m:                      |  |               | Ins: |  |  |  |  |  |

| Note: Required Informa  | tion marked  | with asterisk (*                | ) – <mark>Blue</mark> numbers be | low corre                                     | spond to those    | on attached in        | struction sheet.  |                  |              |  |  |
|---|--|---------------------------------|----------------------------------|---|-------------------|-----------------------|---|------------------|--------------|--|--|
| 1. Permit Status (click   | box)* 2.   | Permittee ( <i>indi</i> v       | vidual or head of org            | ganizatio                                     | n; name as sh     | own on drive          | r's license or offi   | icial identifica | ation)       |  |  |
| New Permit  |  |                                 |                                  |   |                   |                       |   |                  |              |  |  |
| Renewal   |  | Fir                             | rst Name*                        |   | Middle Initial    | le Initial Last Name* |   | Name*            |              |  |  |
| 3. Vessel Name:<br>(if applicable)  |  | 4. Vessel Doc (if applicable)   |                                  | cument #                                      |                   |                       | 5. Registration # (if applicable)                           |                  |              |  |  |
|   | . Vessel Document Type:<br>(if applicable – U.S. Coast Guard |                                 |                                  | 7. Vessel Type:* (One (1) permit per vessel t |                   |                       | 8. Total Number of Vessels:* (covered by permit)            |                  | -*           |  |  |
| 9. Overall Vessel Leng  | th:*   | 10. Vessel Passenger Capacity:* |                                  |   |                   |                       |   |                  |              |  |  |
| Mailing Address:*   |  |                                 |                                  | City*   |                   | State                 | <b>,*</b>   | Zip Code*        |              |  |  |
| Phone #:* (preferred, home, or other)   |  | Mobile:                         | #                                |   | e Accepts Text    |                       | Mobile Service Provider:<br>(AT&T, Verizon, T-Mobile, etc.) |                  |              |  |  |
| Email Address:*   |  |                                 |                                  |   |                   |                       |   |                  |              |  |  |
| Emergency Contact:*   |  |                                 | Emergency Ph                     | one #:*                                       |                   | En                    | nergency Mobile   | #:               |              |  |  |
| Organization Name:<br>(non-commercial, if applicable  | e)   |                                 | Organization Conta               | act Name                                      | •                 | Al                    | Alternate Contact Name:                                     |                  |              |  |  |
| <ol> <li>The following permit conditions apply to those using the waters at Kealakekua Bay State Historic Park (KBSHP) (conditions subject to change):         <ol> <li>This permit only applies to transiting the water and does not authorize any business operation related to soliciting for customers, renting equipment or otherwise promoting a business within the boundaries of KBSHP.</li> <li>This permit is nontransferable to any other individual or party.</li> <li>No launching or landing of vessels at Nāpō'opo'o Wharf (Landing) is allowed.</li> <li>Vessels shall not be used to transport people to land at Ka'awaloa Flats or to traverse any portion of Ka'awaloa Flats, including the Captain Cook Monument (See attached map).</li> <li>No auxiliary vessels shall be launched from a permitted vessel. Swimmers are allowed in the water, but shall not access the shoreline or land at Ka'awaloa Flats.</li> <li>Motorized vessels are to operate at a "no wake" speed.</li> </ol> </li> <li>Damaging live coral and tampering or interfering with other marine life and mammals is prohibited. Legal distances must be maintained from marine mammals.</li> <li>If an emergency landing is required within KBSHP, please notify the DLNR Hawaii State Park Office at 808-961-9544 within 24 hours of the landing and report the nature of the emergency and the need to land.</li> <li>The Permittee shall abide by these permit conditions and all County, State and Federal laws and regulations. Any violation of these conditions or laws and regulations may result in immediate suspension of this permit and the permittee may be subject to civil and criminal penalties.</li> </ol> |  |                                 |                                  |   |                   |                       |   |                  |              |  |  |
| I have reviewed, under  | ·  |                                 | by all the above spe             | scial com                                     | and reg           | guiations.            |   | Doto:*           |              |  |  |
| Permittee Signature   | giiature:  | /s/                             |                                  | (Please                                       | sign or type name | above)                |   | _ Date:* _       | (mm/dd/yyyy) |  |  |
| This application, when approved and issued by an authorized Department of Land and Natural Resources agent, shall serve as the official permit:   |  |                                 |                                  |   |                   |                       |   |                  |              |  |  |
| Division of St  | ate Parks  | Approval:                       | /s/                              |   |                   |                       | Ap  | proval Date:     |              |  |  |
|   |  |                                 | -                                | Adminis                                       | trator/Island S   | Superintender         | <u> </u>  |                  | -            |  |  |